

PLANNING AND DEVELOPMENT DEPARTMENT



INSPECTION SERVICES DIVISION CITY OF HIGH POINT NORTH CAROLINA

PLUMBING PERMIT REQUEST

DATE: _____

TO: CITY OF HIGH POINT, INSPECTION SERVICES DEPARTMENT
211 S. HAMILTON STREET, P.O. BOX 230
HIGH POINT, NC 27262

TEL. NO: (336/883-3190) FAX NO: (336/883-8518) TDD: (336/883-8517)

ADDRESS OF PROPERTY: _____

CONTACT PERSON: _____

PLUMBING CONTRACTOR: _____ PHONE _____
Name

Street Address

City of High Point

State

Zip Code

CITY OF HIGH POINT CONTRACTOR NUMBER _____

PLUMBING CONTRACTOR'S LICENSE NO. _____ TYPE _____

PROPERTY OWNER: _____ PHONE _____
Name

Street Address

City of High Point

State

Zip Code

<u>TYPE OF FIXTURE</u>	<u>NUMBER</u>
<input type="checkbox"/> Water Closets	
<input type="checkbox"/> Showers	
<input type="checkbox"/> Water Heaters	
<input type="checkbox"/> Dishwashers	
<input type="checkbox"/> Lavatories	
<input type="checkbox"/> Tubs	
<input type="checkbox"/> Sinks	
<input type="checkbox"/> Urinals	
<input type="checkbox"/> Roof Drains	
<input type="checkbox"/> Washing Machines	
<input type="checkbox"/> Slop Sinks	
<input type="checkbox"/> Floor Drains	
<input type="checkbox"/> Drinking Fountains	
<input type="checkbox"/> Storm Drains	
<input type="checkbox"/> Sewer Lift	
<input type="checkbox"/> Pits	
<input type="checkbox"/> Water Line	
<input type="checkbox"/> Sewer Line	
<input type="checkbox"/> Water & Sewer in Same Ditch	
<input type="checkbox"/> Slab Construction	
<input type="checkbox"/> Miscellaneous	

**COMMERCIAL OR RESIDENTIAL
(Circle One)**

Electric () or Gas ()

(Number of Feet)

(Number of Feet)

(Number of Feet)

SIGNATURE OF CONTRACTOR _____